

* LETTERS *to the Editor*

Mental Illness and Private Medicine

IN OBSERVING the tactics developed by those employed by government medicine, one is forced to the conclusion that the maintenance of free enterprise and private medicine can only be accomplished if the medical association hires professional physicians to protect its interests at the local level. Perhaps this could be done on a pilot basis. Right now it is important to gain experience at the grass-roots level in methods of combatting the increased movement toward socialized medicine which seems to have no trouble at all in getting in through the back door.

Take for consideration the situation presented by mental illness. Current work in this field indicates that most of these cases can be handled by the general practitioner, internist or pediatrician in a general hospital with consultation being made available from specialists. The American Psychiatric Association is encouraging this approach and is providing personnel to help carry out such a program. More assistance and interest needs to come from private physicians, because what is actually happening in most places to mental patients is something like the following train of events:

1. Many general hospitals refuse to take mentally disturbed patients. This means that the patient must be placed in a mental hospital, more often than not, a state supported one. Both state supported and private mental hospitals remove the patient from the attending physician.

2. The government agency, in order to care for these patients, sets up more bureaucracies using the same old methods that don't work. Now this policy has spread to local government-sponsored mental health centers, which provide a haven for patients, but produce dubious cures, and remove the patient from the care of a private physician.

3. The private physician is deprived of the chance to treat and study a patient on whom he might have made an etiological diagnosis which could mean an entirely different prognosis than the one offered by the archaic customs used by government agencies.

4. When patients are released from mental hospitals, instead of being returned to and followed by the attending local physician, they are followed by, of all people, social workers. This, when there often is some kind of medication involved and when the diagnosis is rarely properly established as being socially oriented.

What then is the answer to this dilemma?

After thoroughly familiarizing myself with the policies of the California Dept. of Mental Hygiene,

and also with certain policies of the National Institute of Mental Health, I have come to the conclusion that the California Medical Association should hire its own private psychiatric consultant to actively encourage and advise general practitioners, internists and pediatricians in handling mental patients. If patients need to be committed to state institutions because of lack of local facility in the general hospital, the consultant should see to it that the responsible private physician receives regular reports on the progress of the patient just as is the custom when patients are sent to university teaching centers. This arrangement for follow-through on patients would reduce some of the unnecessary and tragic retention of patients who are railroaded into mental institutions as the result of various kinds of prejudices and nefarious dealings, either from family or from Gestapo-like law enforcement agencies. (And if you do not believe that this exists today, make it a point to interview a few people in jails and mental institutions.)

A psychiatric consultant hired by the California Medical Association should also evaluate the patient care offered by state financed teaching centers. Oddly enough, the most up-to-date knowledge is not necessarily adopted in these centers, and there are cases on record of independent physicians having to struggle with a promising new discovery all by themselves for an unnecessarily prolonged period of time.

With the guidance of an experienced psychiatric consultant, private physicians can be encouraged to apply for research grants to conduct their own original investigations through local facilities (such as the state colleges). Research in smaller communities is being encouraged by the teaching centers, because small communities often have a different kind of material available for study, particularly in situations where patients and their families need to be followed closely over a long period of time.

The California Medical Association need not be permanently committed to a physician-employee of the type outlined above. Once a program or several programs were initiated, the details could be carried out by county or state committees from the Medical Association. The task at the present time, however, seems to be too overwhelming to be accomplished through committees. The private physician needs to be encouraged to take individual responsibility to follow through on these mental patients and to establish local policies that will give patients a better break than they are getting now.

MARSEILLE SPETZ, M.D.